

COMMONWEALTH OF KENTUCKY  
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

PATRICIA CONNER	)	
	)	
COMPLAINANT	)	
	)	
v.	)	CASE NO. 2005-00220
	)	
BELLSOUTH TELECOMMUNICATIONS, INC.	)	
	)	
DEFENDANT	)	

ORDER TO SATISFY OR ANSWER

BellSouth Telecommunications, Inc. ("BellSouth") is hereby notified that it has been named as defendant in a formal complaint filed on June 7, 2005, a copy of which is attached hereto.

Pursuant to 807 KAR 5:001, Section 12, BellSouth is HEREBY ORDERED to satisfy the matters complained of or file a written answer to the complaint within 10 days from the date of service of this Order.

Should documents of any kind be filed with the Commission in the course of this proceeding, the documents shall also be served on all parties of record.

Done at Frankfort, Kentucky, this 14<sup>th</sup> day of June, 2005.

ATTEST



Executive Director

By the Commission

95

FAX COVER

RECEIVED

JUN 7 2005

PUBLIC SERVICE  
COMMISSION

CASE 2005-00220

No. Of Pages 2

TO: Public Service Commission / Jeb Penny

Phone # (502) 564 - 3940

Fax # 502 564 - 7397

RE: Formal Complaint /Dispute Billing of Phone Service (502) 253-9448

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FROM: Patricia Conner

Phone # (502) 807 - 9744

April 29, 2005

RECEIVED

JUN 7 2005

PUBLIC SERVICE  
COMMISSION

CASE 2005-00220

Public Service Commission  
211 Sower Blvd.  
Frankfort, Kentucky 40601

**FORMAL COMPLAINT  
DISPUTE BILLING (502) 253- 9448**

**Please consider this as a formal complaint and dispute against bellsouth.**

**Bell South Bankruptcy Supervisor Mrs. Archie advised me on 4/28,/05 that I am the responsible party for a debt accumulated at my residence by Anna K. Chenault -Story.**

**Per the advisement of this matter, I stated to Mrs. Archie that I included this debt in my chapter 7 bankruptcy. I was told by Mrs. Porter that I would than be relieved of this debt.**

**Per a call from Tracy Register who advised me that she received a call from the Public Service Commission; I was asked to submit verification of my social security number and my personal identification along with the same information regarding Ms. Annie K. Chenault - Story's identification and social security information. Ms. Register stated that the Bankruptcy department wanted it on an attorney's letterhead. Per Attorney Brown : She placed a call to BellSouth to make sure she Was giving them everything they needed. Per her secretary making one typing mistake on the address of my mother and I, I was advised that the information was Not sufficient.**

**I do not owe the debt and Ms. Chenault Story acknowledges the debt and the error of her social security number. I am disputing this debt and feel as though Bell South is unfairly denying me service accordingly.**

Page 2  
Formal Complaint

I am looking for a resolve in this matter and dispute owing this bill of estimated \$ 2200.00 I appreciate your assistance in resolving this matter. As this situation impacts my children's education and required schooling for the summer.



Sincerely  
Patricia Conner  
610 Oak Branch Road  
Louisville, Ky. 40245  
(502) 807 - 9744

U.S. BUREAU OF REVENUE  
WEST VIRGINIA  
04 DEC 30 PM 4:22

DEBTOR (s)

CASE NO. 03-35075  
Chapter 7

Pat,  
your driver's  
license had  
"Ranch" instead  
of Branch.  
DENISE



**Legal Direction**  
Providing Balanced Counsel

Denise Brown - Attorney at Law  
502.239.3413 telephone • 502.239.3431 fax  
9601 Sunrise Drive • Suite B • Louisville, KY 40291  
legaldirection.com

May 30, 2005

Ms. Tracy Register  
BellSouth

Re: Anna K. Chenault-Story

Ms. Register:

Per your request, my office has been contacted by Ms. Anna K. Chenault - Story for the purposes of verifying that she has given Power Of Attorney to Ms. Pat Conner. Here is a copy of the Power Of Attorney, Social Security Cards and Driver's Licenses for Ms. Chenault- Story and Ms. Conner.

A correction has been made to Ms. Chenault's correct address along with a New identification showing her correct address. Ms. Annie K. Chenault-Story acknowledges the error in submitting her social security number and accepts full responsibility for the bill owed for: (502) 253-9448.

Lastly, please find attached a copy of Ms. Chenault- Story's lease for your review.

If you need additional information, please advise.

Respectfully,

Denise Brown  
Attorney at Law

April 29, 2005

Public Service Commission  
211 Sower Blvd.  
Frankfort, Kentucky 40601

**FORMAL COMPLAINT  
DISPUTE BILLING (502) 253- 9448**

Bell South Bankruptcy Supervisor Mrs. Archie advised me on 4/28/05 that I am the responsible party for a debt accumulated at my residence by Anna K. Chenault -Story.

Per the advisement of this matter, I stated to Mrs. Archie that I included this debt in my chapter 7 bankruptcy.

Mrs. Archie has stated that my service would still be denied by Bell South until I paid the bill because the debt was at my location and that it could not be in my bankruptcy -because the debt is not in my name.

I am looking for a resolve in this matter and dispute owing this bill of estimated \$ 2200.00

Patricia Conner  
610 Oak Branch Road  
Louisville, Ky. 40245  
(502) 807 - 9744



**CMS**

# Medicare Summary Notice

November 4, 2004

1066623KYBDSNI 38564

**XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX**

ANNA K CHENAULT

4314 BISHOP LN APT 101

LOUISVILLE KY 40218-4522

## CUSTOMER SERVICE INFORMATION

**Your Medicare Number:**

**If you have questions, write or call:**

AdminaStar Federal, Inc.

P.O. Box 50413, Indpls IN 46250

**Call: 1-800-MEDICARE (1-800-633-4227)**

## Ask For Doctor Services

**TDD/TTY 1-877-486-2048**

### SEND APPEALS:

**P.O. BOX 32700, Louisville KY 40223-2700**

**VISIT US AT:**

9901 Linn Station Rd. Louisville KY 40223

**BE INFORMED:**

This is a summary of claims processed from 10/05/2004 through 11/04/2004.

## PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number <b>JEFFERSONTOWN FAMILY PRAC, 10216 TAYLORSV RD STE 400,            LOUSVILLE, KY 40299</b> DR. ROBERT W COPLEY						a
10/06/04	1 Urinalysis nonauto w/o scope (81002)	\$15.00	\$3.37	\$3.37	\$0.00	b
10/06/04	1 Office/outpatient visit, est (99213)	65.00	48.96	39.17	9.79	
<b>Claim Total</b>		<b>\$80.00</b>	<b>\$52.33</b>	<b>\$42.54</b>	<b>\$9.79</b>	

### Notes Section:

- a A copy of this notice will not be forwarded to your Medigap insurer because the information was incomplete or invalid. Please submit a copy of this notice to your Medigap insurer.
- b This service is paid at 100% of the Medicare approved amount.

**Deductible Information:**

**You have met the Part B deductible for 2004.**

### General Information:

**You have the right to make a request in writing for an itemized statement which details each Medicare item or service which you have received from your physician, hospital, or any other health supplier or health professional. Please contact them directly, in writing, if you would like an itemized statement.**

(continued)

**THIS IS NOT A RIT I** - Keep this notice for your records

# STATEMENT OF ACCOUNT

BAPTIST HOSPITAL EAST  
4007 KRESGE WAY  
LOUISVILLE, KY 40207-4604

Page 1 of 1

## BAPTIST HOSPITAL EAST

Thank you for choosing Baptist Hospital East.

To ensure proper credit to your account, please return the bottom portion of this bill in the enclosed envelope.

CHENAULT, ANNA  
4314 BISHOP LANE  
LOUISVILLE, KY 40218

An itemized statement is available upon request.

Questions? Please call 502.893.4940

8:00 am to 4:30 pm weekdays

Statement Date: 10/23/04

PATIENT NAME	ACCOUNT NUMBER	DATES OF SERVICE	ACCOUNT BALANCE	AMOUNT DUE
CHENAULT, ANNA		08/10/04 to 08/10/04	\$138.78	\$138.78
PAYMENT AND ADJUSTMENT ACTIVITY				PAYMENTS/ADJ
MEDICARE AB OP DRG PAYMENTS/ADJUSTMENTS				\$-1,212.22
PATIENT PAYMENTS/ADJUSTMENTS				0.00
<b>TOTAL CHARGES</b>				<b>\$1,351.00</b>

### SECOND NOTICE

Your account is now past due. If you cannot pay in full, please call us at the phone number listed above to discuss your payment options.

### DETACH AND RETURN WITH YOUR PAYMENT

AMOUNT DUE	DUE BY	AMOUNT PAID
\$138.78	11/14/04	
PLEASE INCLUDE ACCOUNT NUMBER ON YOUR CHECK Make your check payable to Baptist Hospital East.		
CHENAULT, ANNA		

Address or insurance changes? ☐  
Check box, and complete reverse side.

CREDIT CARD PAYMENT INFORMATION	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	EXP. DATE
<input type="checkbox"/> Discover	
ACCOUNT NUMBER	
CARD HOLDER SIGNATURE	

SEND  
PAYMENT  
TO

BAPTIST HOSPITAL EAST  
DEPT 52948  
PO BOX 950155  
LOUISVILLE, KY 40295-0155



4079126050120108102004000013878

## DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENCE, that I, ANNA K. CHENAULT having my legal residence at 4314 Bishop Lane Plaza Apt. 101 in the City of Louisville, County of Jefferson, State of Kentucky 40218, having made, constituted and appointed, and by these presence do make, constitute and appoint PATRICIA M. CONNER, whose address is 610 Oak Branch Road, Louisville, Kentucky 40245, my true and lawful attorney to act in, manage, and conduct all my estate and all my affairs, and for that purpose for me and in my name, place, and stead, and for my use and benefit, and as my act and deed, to do and execute, or to concur with persons jointly interested with myself therein in the doing or executing of, all or any of the following acts, deeds, and things, that is to say:

1. To buy, receive, lease, accept, or otherwise acquire; to sell, convey, mortgage, hypothecate, pledge, quit claim, or otherwise encumber or dispose of; or to contract or agree for the acquisition, disposal or encumbrance of: any property whatsoever and wheresoever situated, be it real, personal, or mixed, or any custody, possession, interest, or right therein or pertaining thereto, upon such terms as my said attorney shall think proper;

2. To take, hold, possess, invest, lease, or let, or otherwise manage any or all of my real, personal, or mixed property, or any interest therein or pertaining thereto, to eject, remove, or relieve tenants or other persons from, and recover possession of, such property by all lawful means; and to maintain, protect, preserve, insure, remove, store, transport, repair, rebuild, modify, or improve the same or any part thereof;

3. To make, do, and transact all and every kind of business of whatever kind or nature, including the receipt, recovery, collections, payment, compromise, settlement, and adjustment of all accounts, legacies, bequests, interests, dividends, annuities, claims, demands, debts, taxes, and obligations, which may now or hereafter be due, owing or payable by me or to me;

4. To make, endorse, accept, receive, sign, seal, execute, acknowledge, and deliver deeds, assignments, agreements, certificates, hypothecations, checks, notes, bonds, vouchers, receipts, releases, and such other instruments in writing of whatever kind and nature, as may be necessary, convenient, or proper in the premises;

5. To make deposits or investments in, or withdrawals from, any account, holding, or interest which I may now or hereafter have, or be entitled to, in any banking, trust, or investment institution, including credit unions, savings and loan associations, and similar institutions; to exercise any right, option, or privilege pertaining thereto; and to open or establish accounts, holdings or interests of whatever kind or nature, with any such institution, in my name or in my said attorney's name or in both our names jointly;

6. To institute, prosecute, defend, compromise, arbitrate, and dispose of legal, equitable, or administrative hearings, actions, suits, attachments, arrests, distresses or other proceedings, or otherwise engage in litigation in connection with the premises;

7. To act as my attorney or proxy in respect to any stocks, shares, bonds, or other investments, rights, or interests, I may now or hereafter hold;

8. To engage and dismiss agents, counsel, and employees, and to appoint and remove at pleasure any substitute for, or agent of, my said attorney, in respect to all or any of the matters or things herein mentioned, and upon such terms as my attorney shall think fit;

9. To execute vouchers in my behalf payable to me, and to receive, endorse, and collect the proceeds of checks payable to the order of the undersigned;

10. To prepare, execute, and file income and other tax returns, and other governmental reports, declarations, applications, requests and documents;

11. To act as my attorney-in-fact or proxy in respect to any policy of insurance on my life and in that capacity to exercise any right, privilege, or option which I may have thereunder or pertaining thereto, excluding, however, the right to change the beneficiary, the right to change the method of payment of insurance proceeds, and the right to make a cash surrender of the policy as distinguished from a surrender of the policy for loan, conversion, or other purposes and provided therein;

12. To have access to any safe deposit box or boxes that may be now or hereafter rented by me or for me, or standing in my name; to withdraw or remove any of the contents thereof and to make deposits in and otherwise use or surrender such box or boxes; and to rent any safe deposit box or boxes in my name or in my said attorney's name or in both our names jointly.

13. Such attorney-in-fact is further authorized to take charge of my person in case of sickness or disability of any kind; to remove and place me in such hospitals or places as such attorney may deem best for

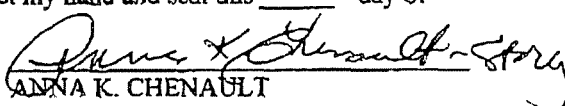
my personal care, comfort, benefit and safety; and to authorize such medical procedures, care, or attention as I may need; and for said purposes to use and disburse any or all of my monies and other property.

14. I hereby expressly revoke all prior powers of attorney heretofore executed by me.

15. This power of attorney shall be unaffected by the disability of the principal. Disability shall be defined as a substantial impairment of my ability to care for my property by reason of age, illness, infirmity, mental weakness or intemperance. For the purposes of the exercise of this power by my attorney in fact, my disability shall be conclusively determined by a written declaration of my disability either by me to my attorney in fact or by my personal physician, or if none, any other licensed physician, to me and my attorney in fact. I hereby bind myself to indemnify such physician who shall so act against any and all claims, demands, losses, damages, actions, and causes of action, including expenses, costs, and reasonable attorney fees which such physician at any time may sustain or incur in connection with this power of attorney.

GIVING AND GRANTING upon my said attorney full power and authority to do and perform all and every act, deed, matter, and thing whatsoever on and about my estate, property, and affairs as fully and effectual to all intents and purposes as I might or could do in my own proper person if personally present, the above specially enumerated powers being in aid and exemplification of the full, complete, and general power herein granted and not in limitation or definition thereof; and hereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of these presents.

And I hereby declare that any act or thing lawfully done hereunder by my said attorney shall be binding on myself, and my heirs, legal and personal representatives, and assigns.

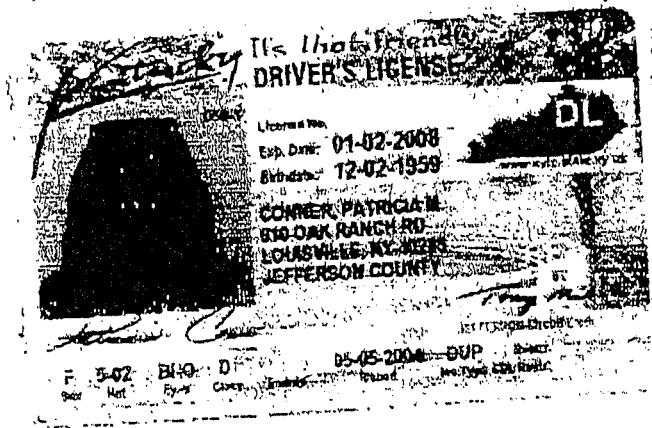
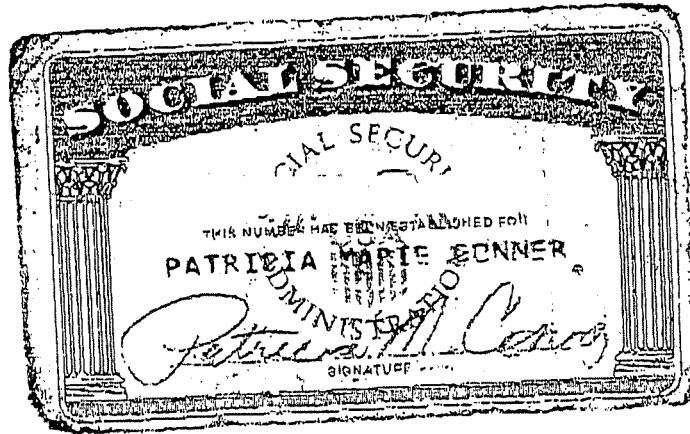
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 27<sup>th</sup> day of May, 2005.  
  
ANNA K. CHENAULT  
COMMONWEALTH OF KENTUCKY

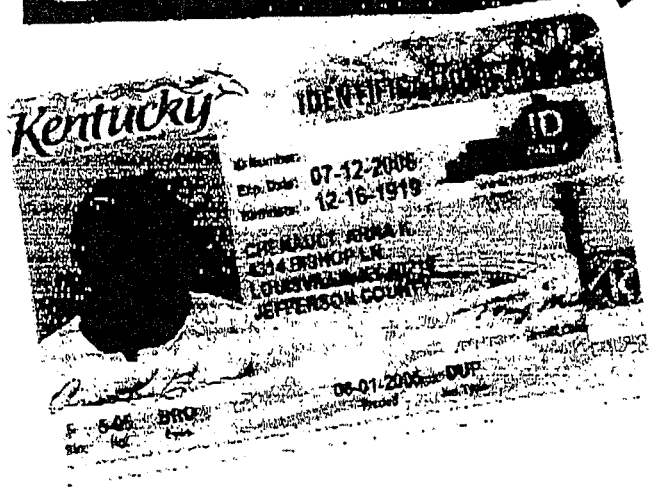
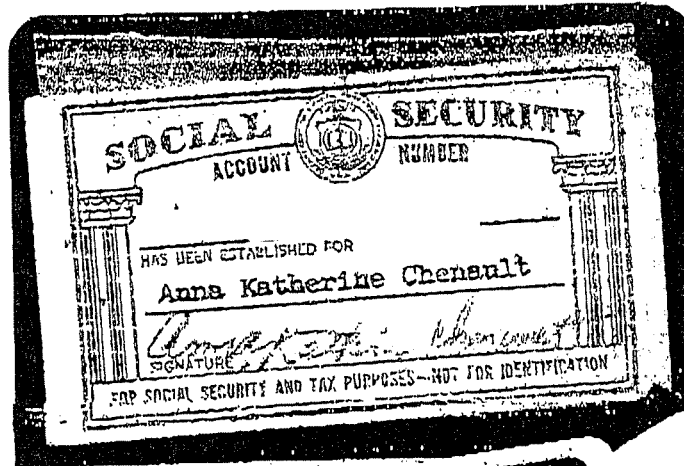
COUNTY OF JEFFERSON

I, Tom Cook, do hereby certify that I am a duly commissioned, qualified, and authorized Notary Public in and for said County and State; and that ANNA K. CHENAULT Grantor of the foregoing Power of Attorney, appeared before me this day within the territorial limits of my authority, and being first duly sworn, executed said instrument by placing his signature in the space above after the contents thereof had been read and duly explained and acknowledged that the execution of said instrument was a free and voluntary act and deed for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 4<sup>th</sup> day of January, 2005.  
My Commission Expires: 3/9/2008

  
NOTARY PUBLIC, STATE OF KENTUCKY AT LARGE





Jewish Hospital  
Patient Accounting Department

Sincerely,

Thank you for choosing Jewish Hospital. We hope this additional service will be of benefit to you and will help simplify your health care billing.

AMS  
P.O. BOX 19857  
INDIANAPOLIS, IN 46219-0857  
1-800-968-6686

Future communication regarding your account should be directed to:

Jewish Hospital is committed to providing you quality service, both in the delivery of medical care and the handling of your bill. To help us better serve you, we have contracted with Account Management Service (AMS) to offer you assistance in resolving your account balance. Their role is to act on behalf of our patient accounting department and to address questions or concerns you may have about your bill. AMS is also able to handle any insurance billing issues you may have with this account.

RE: PATIENT NAME : ANNA CHENAULT  
ACCOUNT NUMBER :  
SERVICE DATE : 06/27/04  
ACCOUNT BALANCE : \$112.84

Patient Accounts Lockbox  
P.O. Box 19857  
Indianapolis IN 46219-0857

3-DIGIT 402  
ANNA CHENAULT  
4314 BISHOP LN  
LOUISVILLE KY 40218-4521

4-1-224 1024

NOV 09 2004

ATTENT: ANNA CHENAULT

ACCT #:

PO Box 1370  
Louisville KY 40201-1370  
Return Service Requested

**Jewish Hospital**  
**HealthCare**  
**Services**  
Business Office



420 South Eighth Street  
Louisville, Kentucky 40203

02/01/05

**PLEASE PRESENT PAYMENT TO:**

BISHOP- LANE PLAZA  
4314 BISHOP LANE  
COVINGSVILLE KY 40218

✓

Due on the 1st.

**Late Charges Begin on the 9th Business Day**

BOILING: 400:  
APP: CHERAULT  
4314 BISHOP LN 101  
LOUISVILLE, KY 40218

40004 860310

LAST DAY TO PAY RENT: 03/08/05  
 910 LATE FEE STARTS 03/09/05

**Important Reminder:-**

*Please notify your manager immediately if you have any changes in your income including loss of employment. It may affect your rent.*

DATE	TRANSACTION	REFERENCE #	AMOUNT
02/07/06	PREVIOUS BALANCE		1972.00
03/01/06	Cash Receipt		1972.00
	RENT MAY 2005		1972.00
	YTD: 5379391578		
	MO: 5379391578		
	3/14/05		

PLEASE PAY  
THIS AMOUNT

1897  
16.00





420 South Eighth Street  
Louisville, Kentucky 40203

06/01/05

**PLEASE PRESENT PAYMENT TO:**

BISHOP LANE PLAZA  
4314 BISHOP LANE  
LOUISVILLE, KY 40218

Acct #

Due on the 1st

Late Charges Begin on the 9th Business Day

Building: 4001  
ANN CHENAULT  
4314 BISHOP LN 101  
LOUISVILLE, KY 40218

043458 400001

**Important Reminder:**

Please notify your manager immediately if you have any changes in your income including loss of employment. It may affect your rent.

DATE	TRANSACTION	REFERENCE #	AMOUNT
	PREVIOUS BALANCE		792.00
05/10/05	Late charge		10.00
05/23/05	Cash receipt		232.00
05/01/05	RENT JUN 2005		192.00
PLEASE PAY THIS AMOUNT			162.00

LAST DAY TO PAY RENT: 06/02/05  
\$10 LATE FEE STARTS 06/09/05



420 South Eighth Street  
Louisville, Kentucky 40203

12/01/04

**Important Reminder:**  
Please notify your manager immediately if you have any  
changes in your income including loss of employment. It may  
affect your rent.

**PLEASE PRESENT PAYMENT TO:**

STANFORD LANE PLAZA  
4014 STANFORD LANE  
LOUISVILLE, KY 40218

Acct #

Due on the 1st

Late Charges Begin on the 9th Business Day

20216116 40001  
ANN CHEMELT  
2014 STANFORD LN 201  
LOUISVILLE, KY 40218  
040950 400001

LAST DAY TO PAY RENT: 12/08/04  
1st LATE FEE STARTS: 12/09/04

DATE	TRANSACTION	REFERENCE #	AMOUNT
11/09/04	PREVIOUS BALANCE		202.00
11/15/04	Late charge		10.00
11/15/04	Cash receipt	2	202.00CR
11/15/04	Cash receipt		10.00CR
12/01/04	RENT DEC 2004		202.00
PLEASE PAY THIS AMOUNT			202.00